

Intensive Professional Program

REGISTRATION

Print out this form, **fill in** data and **fax** to (212) 730-9649.

If you prefer, you may print out the Application Form and mail it in with your registration fee.

PERSONAL DATA				
Mr./Ms./Mrs.:				
Address where you can be contacted:				
Street				
City:		State:	Zip Code:	Country:
Home Telephone:			Business Telephone:	
Facsimile:			Email Address:	
If this address is temporary, until what date can you be reached there?				
Permanent Address (if different from above)				
Street				
City:		State:	Zip Code:	Country:
Telephone:				
ACADEMIC HISTORY				
Please list all educational institutions or programs attended following high school.				
Name of Institution		Dates Attended	Major Area of Study	Degree & Date
RELATED EXPERIENCE				
Please list all relevant work experience, awards, honors, apprenticeships, internships, commissions, etc. with dates.				
Position/Award		Dates		
First Course at the Institute of Classical Architecture & Classical America?				
<input type="checkbox"/> Yes <input type="checkbox"/> No				
If No, last course attended:				
REGISTRATION AND PAYMENT				
Course			Fees	
Summer Intensive Professional Program				

	Tuition Fee:	\$1,595 (1,435 Members)
	Registration Fee:	\$25.00 (\$20 Members)
	Materials Fee:	\$50.00
	Total Payment:	

I enclose check or money order for total shown (make check payable to: ICA&CA)

I hereby authorize use of my credit card (sign below)

American Express Visa MasterCard

Signature: _____

Credit Card No. _____ Expires: _____

SCHOLARSHIP APPLICATION

A limited amount of need-based funding for tuition only is available for the summer program. * Note below if you are applying for funding and include the requested information with your application.

I am applying for scholarship funding (check if applying).

Please indicate the amount of funding for tuition that would be required for you to attend the Summer Program

Amount of funding requested \$ _____.

All applicants must be able to demonstrate financial need by supplying the following documentation: (Check all that apply.)

Signed copy of your federal income tax return (IRS Form 1040) or the foreign equivalent.

If married, your spouse's 1040 form (if filed separately) for the year immediately prior to the program.

A copy of the 1040 form of any person(s) declaring you as a dependent.

A copy of your financial aid statement for the current academic year from your home institution.

For Bursar use only				
Date Received:	DB:	Credit Card:	Ltr:	

Print out this form, fill in data and **fax** to (212) 730-9649, or mail it to the Institute along with a non-refundable registration fee.